

From:		To:	Healthy Families Program EE/CAA Liaison		
EE#:		Fax:	(916) 673 4500		
Fax:	()	Phone:	(800) 279 5012		
Phone:	()	E-mail:	ee-caaliaison@maximus.com		
E-mail:		Date:		Total Page	2

Reason for sending Enrollment Entity (EE) Information Change Form:

☐ Entity Request

☐ MRMIB Request

☐ Other _____

Comments (if any):

Change of Information for Enrollment Entity (EE)



SECTION 1	Enrollment Entity (EE) Data	
Please complete required Entity information. Note: Signature of Authorized Contact Person is required for all updates.	Organization Name	EE #(5 digits)
	Authorized Contact	<u>Authorized Contact Signature</u>

Please call EE/CAA Liaison Help Line at 800-279 5012 with any questions.

Please check appropriate box(es) below to indicate address to be updated:

☐ Please change the mailing address to:

SECTION 2	Change Of Mailing Address		
Please complete all fields in this section.	Mailing Address	Suite Number	
	City	County	State/Zip

☐ Please change the physical/business address to:

SECTION 3	Change of Physical/Business Address		
Please complete all fields in this section	Physical/Business Address	Suite Number	
	City	County	State/Zip
	Cross Streets		

☐ Please change the contact person(s):

SECTION 4	New Direct Contact Person For Referrals		New Authorized Contact Person	
Please complete all appropriate fields in this section	New Contact Name(s)		New Contact Name(s)	
	Phone # ()	Fax # ()	Phone # ()	Fax # ()

☐ Please add the following Sub-Site:

SECTION 5	Add a Sub-Site		
Please complete all fields in this section only if adding a new sub-site.	Mailing Address	Suite Number	
	City	County	State/Zip
	Physical /Business Address	Suite Number	
	City	County	State/Zip
	Cross Streets		
	Sub-Site Contact Name	E-mail	
	Sub-Site Contact's Telephone Number	Sub-Site Contact's Fax Number	
	Language spoken by CAA Staff	Office Hours	

Please mail to: Healthy Families Program, EE/CAA Liaison, 625 Coolidge Dr., Folsom, CA 95630
or fax to (916) 673-4500 Attn: EE/CAA Liaison